

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: VANDER WAAL CBRF (610082)

Address: 794 CTY HWY B, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 12/31/1985

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095146 **End Date:** 06/22/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009429 Served 07/06/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)2	TESTING OF SMOKE DETECTORS		

Survey ID: 0090752 **End Date:** 06/25/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005201 Served 08/09/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	06/22/2005	Yes
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	06/22/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.